

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____

Date _____

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS 3424 Winter St			
CITY Los Angeles		ZIP City Terrace	
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT 2	
TRACT	BLOCK	LOT NO.	
ASSESSOR MAP BOOK		PAGE	PARCEL
OWNER Guadalupe Chaires		TEL. NO. 213-262-4565	
ADDRESS 3424 Winter St			
CITY Los Angeles		ZIP	
ARCHITECT OR ENGINEER I.C. Huo H. Qss.		TEL. NO. 213-372-2234	
ADDRESS 1033 Via Zumaya			
CONTRACTOR Moran Development		TEL. NO. 213-864-4581	
ADDRESS 9734 Antsia Bld		LIC. NO.	
CITY Bullflowee Ca		LIC. CLASS	
SQ. FT. SIZE 1213 sq ft	NO. OF STORES 2	NO. OF FAMILIES 1	
DESCRIPTION OF WORK Single Family Dwelling w/2 car garage			
USE OF EXISTING BLDG. Residential			
APPLICANT (PRINT) Ken Shouse		TEL. NO. (714) 846-2924	
ADDRESS 4922 Maui Cir. HB. Ca			
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.			
OWNER OR AGENT _____			
P.C. FEE 435.12 + 60.00 495.12		PERMIT FEE	
		ISSUANCE FEE	
		TOTAL FEE	

BUILDING ADDRESS 3424 Winter St			
Los Angeles			
LOCALITY			
NEAREST CROSS ST.			
USE ZONE	MAP NO.		
SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DISTRICT 99-6	GROUP	TYPE CONST. V-N	FIRE ZONE
STATISTICAL CLASSIFICATION CLASS NO. _____ DWELL UNITS _____			APR CONDO
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE
FRONT P L			EXIST WIDTH
SIDE P L			
SEWER MAP BK PG			
VALUATION \$ 72,780			
\$			
LDMA P/C # 7908			
LDMA Perm #			
FINAL DATE			
FINAL BY			

VALIDATION

#23
01*43512
*43512
*16-7907
03-14-91

SEE REVERSE FOR EXPLANATORY LANGUAGE